

DEPARTMENT OF HEALTH SERVICES

714/744 P Street

P. O. Box 942732

Sacramento, California 94234-7320

(916) 657-1460

July 13, 1998

PPL No. 98-013



All County Medi-Cal Administrative Activities (MAA)/
Targeted Case Management (TCM) Coordinators and
Advisory Committee Members

ANNUAL SURVEY ON TCM PARTICIPATION

Local Governmental Agencies (LGAs) who elect to participate in each of the five approved TCM programs are required to be identified in the California State Plan. The five TCM programs are:

- Public Health
- Outpatient Clinics
- Public Guardian
- Linkages
- Adult Probation

To ensure that the California State Plan accurately identifies the LGAs participating in the various TCM programs, we ask that all TCM coordinators complete the enclosed survey form and identify the TCM programs your LGA will be participating in during fiscal year (FY) 1998-99.

Please FAX the completed survey form to the Department of Health Services (DHS) at (916) 657-0957 by **August 7, 1998**. LGA's who do not return the enclosed survey form by **August 7, 1998**, shall be ineligible to claim TCM reimbursement during FY 1998-99.

We appreciate your cooperation in completing the enclosed survey form. If you have any questions, please call Ms. Kathy Jones at (916) 653-1213.

Sincerely,

David Mitchell, Chief
Medi-Cal Benefits Branch

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TCM/MAA

